

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10-800-901

FILING DATE

03-15-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5	1						55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10	1						60						
11		1					61						
12		(1)					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18							68						
19							69						
20							70						
21							71						
22							72						
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24							74						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						